



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

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LEON COUNTY HEALTH DEPARTMENT

APPLICATION PACKET FOR A

NEW ONSITE SEWAGE TREATMENT AND DISPOSAL

SYSTEM PERMIT

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The procedure for obtaining a new onsite sewage treatment and disposal system (OSTDS) permit is as follows:

1. Complete the attached New OSTDS application packet and return to the Leon County Health Department / Environmental Health Division located at 435 N. Macomb Street, Tallahassee, Florida.
2. It is strongly recommended that the applicant make application for building permits with the Leon County Department of Growth and Environmental Management at the same time you submit your OSTDS application.
3. Upon completion of the review process, the Health Department will contact the applicant and / or agent that the permit is ready to be picked up.

**NOTE TO HOMEOWNERS & CONTRACTORS:**

Prior to issuance of a Certificate of Occupancy being issued, a representative of the Health Department must sign the building permit indicating the OSTDS has been inspected and approved. Please note that there are two inspections that must take place for system approval.

- **Construction Approval** – Inspection of the OSTDS at the time of installation ensuring permit and construction specifications are met.
- **Final Approval** – Inspection of the OSTDS prior to occupancy to ensure setbacks and system stabilization requirements are met.



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. \_\_\_\_\_  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_

APPLICATION FOR:

☐ New System      ☐ Existing System      ☐ Holding Tank      ☐ Innovative  
☐ Repair      ☐ Abandonment      ☐ Temporary      ☐ \_\_\_\_\_

APPLICANT: \_\_\_\_\_

AGENT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: \_\_\_\_\_ ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: \_\_\_\_\_ ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: \_\_\_\_\_

DIRECTIONS TO PROPERTY: \_\_\_\_\_

BUILDING INFORMATION

☐ RESIDENTIAL      ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

☐ Floor/Equipment Drains      ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT:** Property owner's full name.  
**AGENT:** Property owner's legally authorized representative.  
**TELEPHONE:** Telephone number for applicant or agent.  
**MAILING ADDRESS:** P.O. box or street, city, state and zip code mailing address for applicant or agent.

**LOT, BLOCK, SUBDIVISION:** Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

**DATE OF SUBDIVISION:** Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

**PROPERTY ID#:** 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

**ZONING:** Specify zoning and whether or not property is in I/M zoning or equivalent usage.

**PROPERTY SIZE:** Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

**WATER SUPPLY:** Check private or public  $\leq 2000$  gallons per day or public  $> 2000$  gallons per day.

**SEWER AVAILABILITY:** Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

**PROPERTY ADDRESS:** Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

**DIRECTIONS:** Provide detailed instructions to lot or attach an area map showing lot location.

**BUILDING INFORMATION:** Check residential or commercial.  
**TYPE ESTABLISHMENT:** List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

**NO. BEDROOMS:** Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

**BUILDING AREA:** Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

**BUSINESS ACTIVITY:** For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

**FIXTURES:** Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

**SIGNATURE / DATE:** Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

**ATTACHMENTS:** A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. \_\_\_\_\_

APPLICANT: \_\_\_\_\_ AGENT: \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY ID #: \_\_\_\_\_ [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS  
MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: ☐ YES ☐ NO NET USABLE AREA AVAILABLE: \_\_\_\_\_ ACRES  
TOTAL ESTIMATED SEWAGE FLOW: \_\_\_\_\_ GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE 2]  
AUTHORIZED SEWAGE FLOW: \_\_\_\_\_ GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]  
UNOBSTRUCTED AREA AVAILABLE: \_\_\_\_\_ SQFT UNOBSTRUCTED AREA REQUIRED: \_\_\_\_\_ SQFT

BENCHMARK/REFERENCE POINT LOCATION: \_\_\_\_\_  
ELEVATION OF PROPOSED SYSTEM SITE IS \_\_\_\_\_ [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES  
SURFACE WATER: \_\_\_\_\_ FT DITCHES/SWALES: \_\_\_\_\_ FT NORMALLY WET? ☐ YES ☐ NO  
WELLS: PUBLIC: \_\_\_\_\_ FT LIMITED USE: \_\_\_\_\_ FT PRIVATE: \_\_\_\_\_ FT NON-POTABLE: \_\_\_\_\_ FT  
BUILDING FOUNDATIONS: \_\_\_\_\_ FT PROPERTY LINES: \_\_\_\_\_ FT POTABLE WATER LINES: \_\_\_\_\_ FT

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☐ NO 10 YEAR FLOODING? ☐ YES ☐ NO  
10 YEAR FLOOD ELEVATION FOR SITE: \_\_\_\_\_ FT MSL/NGVD SITE ELEVATION: \_\_\_\_\_ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
USDA SOIL SERIES: _____		

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
USDA SOIL SERIES: _____		

OBSERVED WATER TABLE: \_\_\_\_\_ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]  
ESTIMATED WET SEASON WATER TABLE ELEVATION: \_\_\_\_\_ INCHES [ABOVE / BELOW] EXISTING GRADE  
HIGH WATER TABLE VEGETATION: ☐ YES ☐ NO MOTTLING: ☐ YES ☐ NO DEPTH: \_\_\_\_\_ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: \_\_\_\_\_ DEPTH OF EXCAVATION: \_\_\_\_\_ INCHES  
DRAINFIELD CONFIGURATION: ☐ TRENCH ☐ BED ☐ OTHER (SPECIFY) \_\_\_\_\_  
REMARKS/ADDITIONAL CRITERIA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SITE EVALUATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**INSTRUCTIONS:**

**PERMIT #:** Permit tracking number assigned by County Health Department.

**APPLICANT:** Property owner's full name.

**AGENT:** Property owner's legally authorized representative.

**LOT, BLOCK, SUBDIVISION:** Lot, block, and subdivision for lot.

**PROPERTY ID#:** 27 character number for property (property appraiser ID # or section/township/range/parcel number).

**PROPERTY SIZE:** Check if property size at site conforms to submitted site plan. Record net usable area available - lot area exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water.

**SEWAGE FLOW:** Record the estimated sewage flow for the establishment from Table 1 (residential) or Table 2 (non-residential), Chapter 64E-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gallons per day per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.

**UNOBSTRUCTED AREA:** Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 2 times as large as the drainfield absorption area and at least 75 percent of the unobstructed area must meet minimum setbacks in Chapter 64E-6, FAC. The unobstructed area must be contiguous to the drainfield.

**BENCHMARK INFORMATION:** Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.

**MINIMUM SETBACKS:** Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non-applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.

**FLOOD INFORMATION:** Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.

**SOIL PROFILE INFORMATION:** Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.

**WATER TABLE:** Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.

**SOIL TEXTURE:** Record soil texture or loading rate for system sizing.

**DEPTH OF EXCAVATION:** If applicable record depth of excavation required. Record "NA" if not applicable.

**DRAINFIELD CONFIGURATION:** Check drainfield configuration required. If other, specify type.

**ADDITIONAL CRITERIA:** Record any additional remarks pertinent to site or installation. Ex. Dosing required.

**SITE EVALUATED BY:** Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

ELEVATION WORKSHEET		ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____					
BENCHMARK	_____	SITE 1	_____	SITE 2	_____	SITE 3	_____
[+] SHOT	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-] SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____

## Permit Application Number \_\_\_\_\_

[illegible]

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WATERLINES:	Y	N	OBSTRUCTED AREAS:	Y	N
EASEMENTS:	Y	N	OFF SITE FEATURES:	Y	N
SLOPES:	Y	N	DRAINAGE FEATURES:	Y	N
WELLS ON LOT:	Y	N	FILLED AREAS:	Y	N
PUBLIC WELLS:	Y	N	SURFACE WATER:	Y	N

Site plan submitted by: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

.....  
Plan approved \_\_\_\_\_ Not approved \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_

LEON COUNTY HEALTH DEPT./ENVIRONMENTAL HEALTH  
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPT.



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ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
PERMIT AGENT AUTHORIZATION FORM

(Complete and Attach to OSTDS Permit Application if using an Agent who is not a Register Septic System Contractor, Building Contractor or Licensed Plumber)

TO: Leon County Health Department  
Environmental Health Division

FROM: \_\_\_\_\_  
NAME (Please Print)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

I, \_\_\_\_\_, legal property owner of the land or parcel(s) located

at: \_\_\_\_\_  
Address City Parcel Number

hereby authorize \_\_\_\_\_ as my agent(s) /

representative(s) to act on my behalf in all aspects of the application process in order to obtain an Onsite Sewage Treatment and Disposal System permit from the Department of Health, Leon County Health Department On site Sewage Program. My agent or representative is delegated my authority to submit documents, exhibits and fees necessary to obtain the permit in my name.

I understand and agree that I am solely responsible for the accuracy of information submitted and for compliance with all requirements of my Onsite Sewage Treatment and Disposal System permit.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_





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State Surgeon General

## Onsite Sewage Treatment and Disposal System Application Checklist

Please use this checklist to ensure that your application packet is complete and that all supporting documents are included. Failure to provide all required information will delay issuance of your onsite sewage treatment and disposal system construction permit.

- ☐ Application form DH 4015, 10/97 completed in full and signed by the property owner or owner's authorized agent.
- ☐ Agent Authorization Form if applicable (Contractors licensed under Chapter 489, Florida Statutes do not need to complete Agent Authorization Form)
- ☐ Flood Letter Certification Form (An original sealed copy)
- ☐ Site Plan (Must be drawn to scale)
  - ☐ Lot Boundaries with Dimensions
  - ☐ Structures/Buildings (Existing and Proposed)
  - ☐ Swimming Pools (Existing and Proposed)
  - ☐ Recorded Easements
  - ☐ Location of Septic System(s)
  - ☐ Slope of Property
  - ☐ Wells
  - ☐ Water Lines (Potable and Non-Potable)
  - ☐ Drainage Features
  - ☐ Filled Areas
  - ☐ Driveways and Other Obstructed Areas
  - ☐ Surface Water Bodies
  - ☐ Location of System Elevation Benchmark (If lot is within the 100 year flood a certified engineer must establish a benchmark on the lot referencing the elevation of the 100 year flood)
  - ☐ Show Wells, Water Lines, Septic Systems, Water Bodies, Drainage Features, and Slope of Property on adjacent lots if these features are within 75 feet of applicant's lot

Note: If lot is 5 acres or larger, applicant may submit a scale drawing of a minimum of a 1 acre portion of the lot showing all required features. A drawing of the entire lot showing the location of that 1 acre must be submitted with the scale drawing.

- ☐ Floor Plan of the Proposed Building

Heavy Loading Appliances (Check all that apply)

- ☐ Washing Machine
- ☐ Dishwasher
- ☐ Garbage Disposal

IS THE SITE ACCESSIBLE AND MARKED

\_\_\_\_\_ Gates are unlocked

\_\_\_\_\_ Dogs are restrained

\_\_\_\_\_ Brush is clear enough to get to the site (4 ft. wide minimum path)

\_\_\_\_\_ Yellow flag at the road marks the entrance to the property

\_\_\_\_\_ Pink flag marks the location of the proposed septic site

\_\_\_\_\_ Blue flag marks the location of the proposed well